

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 515441

FILING DATE

4-11-02

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12			1			
13			1			
14			1			
15			1			
16			1			
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.		8				
TOTAL CLAIMS		9				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						